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05900  
U.S. PTO

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonapplications under 37C.F.R. §1.53(b))

Attorney Docket No. **PC19146B**First Inventor **SHAO SONG CHU**Title **N-CONTAINING CYCLOALKYL-SUBSTITUTED AMINO-THIAZOLE DERIVATIVES AND PHARMACEUTICAL COMPOSITIONS FOR INHIBITING CELL PROLIFERATION AND METHODS FOR THEIR USE**Express Mail Label No. **EL 969716470 US****APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:  
**Mail Stop Patent Applications  
Commissioner for Patents  
Box 1450  
Alexandria, VA 22313-1450**

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status <i>See 37 CFR 1.27</i>	8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>
3. <input checked="" type="checkbox"/> Specification <b>[Total Pages 357]</b> <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings <i>(if filed)</i></li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>	1. a. <input type="checkbox"/> Computer Readable Copy (CRF)
4. <input type="checkbox"/> Drawing(s) <i>(35 U.S.C. 113)</i> [Total sheets _____]	b. Specification Sequence Listing on: <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies)</li> <li>ii. <input type="checkbox"/> Paper</li> </ul>
5. <input type="checkbox"/> Oath or Declaration <b>[Total pages _____]</b> <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul>	c. <input type="checkbox"/> Statement verifying identity of above copies
6.. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	2. ACCOMPANYING APPLICATION PARTS
18. If a <b>CONTINUING APPLICATION</b> , check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.
 Continuation     Divisional     Continuation-in-part (CIP)    of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number	<b>28940</b>	<input type="checkbox"/> Correspondence address below
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax

<b>NAME (Print/type)</b>	Wendy I. Hsu	<b>Registration No. (Attorney/Agent)</b>	42,794
<b>Signature</b>	<i>Wendy I. Hsu</i>		

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the

17354 U.S.PTO  
10/783887

# **FEE TRANSMITTAL**

## **for FY 2004**

*Effective 10/01/2003. Patent fees are subject to annual revision.*

□ Applicant claims small status. See 37 CFR 1.27		Art Unit		TBA	
<b>Total Amount of Payment</b>		Attorney Docket No.		PC	
<b>METHOD OF PAYMENT (check all that apply)</b>					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card		<input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None			
Order					
<input checked="" type="checkbox"/> Deposit Account:					
Deposit Account Number	500329				
Deposit Account Name	Agouron Pharmaceuticals, Inc.				
The Director is authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
<b>Fee Calculation</b>					
<b>1. BASIC FILING FEE</b>					
<b>Large Entity</b>		<b>Small Entity</b>			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1001	770	2001	385	Utility filing fee	<b>770</b>
1002	340	2002	170	Design filing fee	
1003	530	2203	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	filng fee	
Subtotal (1)s		\$ 770			
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>					
Extra Claims		Fee from below	Fee Paid		
Total Claims	15	- 20** = -0-	x -0-	= -0-	
Independent Claims	4	- 3 = 1	x \$86	= \$86	
Multiple Dependent					
Large Entity		Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue independent claims over original patent	
		(\$)		\$ 856	
**or number previously paid, if greater; For Reissues, see above					
*Reduced by Basic Filing Fee Paid					
Subtotal (3) (\$)					
-0-					
SUBMITTED BY (Complete if applicable)					
Name (Printed/Type)	Wendy L.. Hsu		Registration No. (Attorney Agent)	42,794	Telephone
Signature	Wendy L.. Hsu				858-526-4652

**Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

*(Complete if applicable)*

Name (Printed/Type)	Wendy L.. Hsu	Registration No. (Attorney Agent)	42,794	Telephone	858-526-4652
Signature					

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on this 20th day of February 2004.

s/   
Julie Agozino

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:  
**SHAO SONG CHU**

Serial No.: Not Yet Assigned

Group Art Unit: Not Yet Assigned

Examiner: Not Yet Assigned

Filed: Herewith

For: **N-CONTAINING CYCLOALKYL-SUBSTITUTED AMINO-THIAZOLE DERIVATIVES AND PHARMACEUTICAL COMPOSITIONS FOR INHIBITING CELL PROLIFERATION AND METHODS FOR THEIR USE**

Mail Stop: Patent Application  
Honorable Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL LETTER**

Transmitted herewith are the following documents:

1. Application Data Sheet	3 pages;
2. Utility Patent Application Transmittal	1 page;
3. Specification	357 pages;
• Claims	9 pages;
• Abstract	1 page;
4. Fee Transmittal + duplicate	1 page + duplicate;
5. Return Post Card	1 page; and
6. Total Fee Due \$856	Deposit Account

Respectfully submitted,

Date: 2/20/04

  
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